

Adult Service Provision Forms Instructions

1. [Area of Concern](#)
2. [Babysitting Consent Agreement](#)
3. [Case Conference Review](#)
4. [Case Management Note Supplement](#)
5. [Case Notes](#)
6. [Child Information Sheet](#)
7. [Children's Outside Visit Authorization](#)
8. [Chore Warning](#)
9. [Documentation of a Physical Examination](#)
10. [Family Service Plan Update – Sample One](#)
11. [Family Service Plan Update – Sample Two](#)
12. [Group Note](#)
13. [HIV Public Health Fact Sheets](#)
14. [Health Education Sign-offs](#)
15. [Hepatitis Public Health Fact Sheets](#)
16. [Medical Encounter Form](#)
17. [Non-Compliance Warning](#)
18. [Resident Phase Review Form](#)
19. [Time Planning](#)
20. [Weekly Case Management Summary](#)

Area of Concern

Use:

- This warning identifies an “area of concern” about which a resident has been verbally warned and explains how the resident can improve in this area with staff support.
- This form documents that the resident has been spoken to about the area of concern.
- This form gives staff and residents a process to follow before the issue becomes a non-compliance warning. By using this form, the resident will be fully prepared if he/she is issued a non-compliance warning.
- If the same issue is written about three or four times, a non-compliance warning is filed.

Specialization/Enhancements:

- The bottom of the form refers to an amount of time that staff will check in with the resident about the area of concern. This timeframe is usually one to two weeks.

Regulatory Components that should not be deleted when tailoring to your program:

- The team strongly recommends using this form because DTA requires documentation of behavioral issues if the resident is discharged later in their stay.
- This form is not required by DPH, BSAS guidelines.

Babysitting Consent Agreement

Use:

- This optional form can be used at any time during the resident’s stay when the resident’s child(ren) is going to be cared for by another resident.
- It is used to document an agreement for childcare.

Specialization/Enhancements:

- None.

Regulatory Components that should not be deleted when tailoring to your program:

- This form is not required by DPH, BSAS guidelines but is strongly recommended by the team.

Case Conference Review

Use:

- This form is to be completed during case conferences with outside providers to document the resident’s progress.

Specialization/Enhancements:

- This form is not designed for use with residents who do not have outside providers involved in their care.

Regulatory Components that should not be deleted when tailoring to your program:

- The use of this form is strongly recommended by the team to document meetings with outside providers.

Case Management Note Supplement**Use:**

- This form is a checklist of the resident's progress in their program obligations that can be used by the case manager to summarize the case notes at weekly case reviews.

Specialization/Enhancements:

- None.

Regulatory Components that should not be deleted when tailoring to your program:

- This optional form is not required by the DPH, BSAS guidelines.

Case Notes**Use:**

- This form can be used to document any interactions between staff and the resident, as well as staff and the service providers.
- This form can also be used to document any other significant activities involving the resident.

Specialization/Enhancements:

- This note was intended for use by case managers but can be used by any appropriate staff.

Regulatory Components that should not be deleted when tailoring to your program:

- Signed and dated notes by the case manager must be made after every individual contact and every attempted contact, according to the DPH, BSAS guidelines.

Child Information Sheet**Use:**

- This optional form can be used at any time during the resident's stay when the resident's child(ren) is going to be cared for by another resident.

- The top half of the form is child information that should be completed by the parent. The bottom half of the form includes the babysitter's description of the session for the parent's and case manager's review.

Specialization/Enhancements:

- The bottom half of the page can be submitted to the case manager for documentation.

Regulatory Components that should not be deleted when tailoring to your program:

- This form is not required by DPH, BSAS guidelines but is strongly recommended by the team.

Children's Outside Visit Authorization

Use:

- This form can be used on a case by case basis when someone outside of the program is taking a resident's child(ren) off the property.

Specialization/Enhancements:

- None.

Regulatory Components that should not be deleted when tailoring to your program:

- This form is optional and not required by the DPH, BSAS guidelines.

Chore Warning

Use:

- This form is given to the resident when there has been a chore violation.
- An example of a "consequence" would be to complete the chore for which the resident received the warning and an additional chore.

Specialization/Enhancements:

- None.

Regulatory Components that should not be deleted when tailoring to your program:

- This form is optional and not required by DPH, BSAS guidelines.

Documentation of a Physical Examination

Use:

- This form is for the resident to take with them to their appointment for a physical. The physician completes the form so that the program staff are informed of the resident's health status.

Specialization/Enhancements:

- The “optional” items listed may be deleted if the program prefers.

Regulatory Components that should not be deleted when tailoring to your program:

- The DPH, BSAS guidelines required that residents receive a physical examination.
- Currently, the window for obtaining a physical exam is 7 days. However, DPH, BSAS recognizes that this is not enough time to obtain a physical. DPH, BSAS recommends that the programs are given 30 days to obtain the physical, which still may not be enough time. For the time being, it is recommended that the programs at least schedule the appointment for the physical within the first 7 days of admission. The programs should document in their files: when the call was made, by whom, and the date for the physical. For residents who have had a physical within the past year, that physical exam should be acceptable.
- The language in the first part of this form (a & b) was taken directly from the DPH, BSAS guidelines describing what should be included in a physical.

Family Service Plan Update – Sample One

Use:

- Either of the two Family Service Plan Update samples can be used as a follow-up to the Initial Family Service Plan. These updates are more comprehensive individualized service plans that are resident driven and formally identify the resident needs and target services to meet the resident’s needs. The Family Service Plan Updates should be completed at the end of each phase.

Specialization/Enhancements:

- Sample One is in the same format as the Initial Family Service Plan. The first four goals of each section are program identified goals for all residents. The last two goals of each section allow for resident identified goals to be added.

Regulatory Components that should not be deleted when tailoring to your program:

- The DPH, BSAS guidelines require each family to have an initial family service plan included in the record that is based on clinician/ resident discussions and information gathered during admission and evaluation sessions. Service plans developed or revised by a case manager must be reviewed and signed by the Program Director or the Child Service Coordinator.
- The resident must sign this form also.

Family Service Plan Update – Sample Two

Use:

- Either of the two Family Service Plan Update samples can be used as a follow-up to the Initial Family Service Plan. These updates are more comprehensive individualized service plans that are resident driven and formally identify the

resident needs and target services to meet the resident's needs. The Family Service Plan Updates should be completed at the end of each phase.

Specialization/Enhancements:

- Sample Two allows the resident to identify all their goals in conjunction with the staff.

Regulatory Components that should not be deleted when tailoring to your program:

- The DPH, BSAS guidelines require each family to have an initial family service plan included in the record that is based on clinician/ resident discussions and information gathered during admission and evaluation sessions. Service plans developed or revised by a case manager must be reviewed and signed by the Program Director or the Child Service Coordinator.
- The resident must sign this form also.

Group Note

Use:

- This form can be used to document groups that occur at the program, group members present, topics discussed in group, and resident participation.
- Programs should list all group members present using just their first name only or first name and last initial only to protect confidentiality. A summary of the topics discussed should then be added. Staff can photocopy the form, add individual resident participation, and put it in each resident's record.

Specialization/Enhancements:

- Before placing the group note in each record, staff may chose to complete the individual participation section for each resident or only for residents for which there is something remarkable to document.
- The individual participation section includes both a check-off section and a space for an individualized note. Programs may choose to individualize notes by only using the check-offs and deleting the space for an individual note or visa versa.
- If the program does not wish to individualize the group notes, that section may be deleted from the form.
- Staff may also use this form to document those not present in group. This may be done by adding a "not present" section under the "group members present" section.

Regulatory Components that should not be deleted when tailoring to your program:

- Programs are required by the DPH, BSAS guidelines to document resident participation and progress in educational group sessions.
- Programs may chose to delete the individual participation section.

HIV Public Health Fact Sheets

Use:

- These HIV fact sheets are distributed by the Massachusetts Department of Public Health (DPH) and can be used for Health Education.
- These forms can be found at: www.state.ma.us/dph/cdc/aids/hivfac.htm.

Specialization/Enhancements:

- None.

Regulatory Components that should not be deleted when tailoring to your program:

- The DPH, BSAS guidelines require programs, in either an individual or group setting, to provide H.I.V./A.I.D.S education. This education is required to include, but is not limited to: the etiology and transmission of HIV infection and associated risk behaviors; symptomatology and clinical progression of HIV/AIDS infection; prevention and risk reduction; the purposes, uses, and meaning of available testing and results; confidentiality issues; and the interaction between alcohol and other drug use and its effect on the immune system and the progression of AIDS.

Health Education Sign-offs

Use:

- This form is used to document that the resident received information regarding S.T.D, Hepatitis C, T.B., and H.I.V./A.I.D.S.

Specialization/Enhancements:

- This form was designed so that the group leader signs off along with the resident at the end of the group session. However, health education does not have to be done in group format.

Regulatory Components that should not be deleted when tailoring to your program:

- The DPH, BSAS guidelines require programs, in either an individual or group setting, to provide H.I.V./A.I.D.S education. This education is required to include, but not limited to: the etiology and transmission of HIV infection and associated risk behaviors; symptomatology and clinical progression of HIV/AIDS infection; prevention and risk reduction; the purposes, uses, and meaning of available testing and results; confidentiality issues; and the interaction between alcohol and other drug use and its effect on the immune system and the progression of AIDS.
- STD and TB education are also required via the application for licensure.
- Hepatitis C education will soon be a requirement.

Hepatitis Public Health Fact Sheets

Use:

- These fact sheets on Hepatitis A, Hepatitis B, and Hepatitis C are distributed by the Massachusetts Department of Public Health (DPH) and can be used for Health Education.
- These forms can be found at www.masshepc.org. For more information call DPH at 617-938-6800 or visit the Centers for Disease Control and Prevention (CDC) website at www.cdc.gov.

Specialization/Enhancements:

- These forms are provided in English, Portuguese, and Spanish.

Regulatory Components that should not be deleted when tailoring to your program:

- The DPH, BSAS guidelines require programs to provide STD and TB education in either an individual or group setting.
- Hepatitis C education will soon be a requirement.

Medical Encounter Form

Use:

- This form is for the resident to take with them to any outside physician appointments. The physician completes the form so that the program staff are informed of the resident's medical treatment and any instructions from the physician.

Specialization/Enhancements:

- This form enhances correspondence and consultation with physicians.
- This form can be used to document that a TB test was completed and the outcome of the test.

Regulatory Components that should not be deleted when tailoring to your program:

- The DPH, BSAS guidelines require that there be documentation of appropriate assessment services including primary care.

Non-Compliance Warning

Use:

- This form is used to document a serious infraction of the program rules.
- A copy should be attached to the Discharge Summary after the resident is discharged.

Specialization/Enhancements:

- None.

Regulatory Components that should not be deleted when tailoring to your program:

- The DPH, BSAS guidelines require that disciplinary action taken by the program be documented in the Discharge Summary.
- DTA requires that at least three non-compliance warnings be documented before a program discharges a resident from a shelter.

Resident Phase Review Form

Use:

- These optional forms are used during the phase review meeting to document the progress of the resident.
- The Family Service Update may also be completed during the resident phase review.

Specialization/Enhancements:

- The first page is given to all program staff involved with the resident to fill out prior to the phase review meeting. These completed forms will be reviewed during the meeting in the presence of the resident.
- The second and third pages are completed during the phase review meeting to document and update resident information and progress.

Regulatory Components that should not be deleted when tailoring to your program:

- This form is not required by DPH, BSAS guidelines.

Time Planning

Use:

- This is an optional form that staff can complete with residents. It is designed to aid residents with managing their schedule and helping them to plan ahead.

Specialization/Enhancements:

- None.

Regulatory Components that should not be deleted when tailoring to your program:

- This form is optional and not required by DPH, BSAS guidelines.

Weekly Case Management Summary

Use :

- This summary can be used as documentation of case management activities and services provided (i.e., medical appointments, group and individual therapy, etc.) on a weekly basis.

Specialization/Enhancements:

- None.

Regulatory Components that should not be deleted when tailoring to your program:

- The DPH, BSAS guidelines require that case management summaries of on-going services the resident is receiving be documented in the record.
- The DPH, BSAS guidelines require that individual and family case reviews or consultations shall occur weekly between the shelter staff and the outpatient substance abuse treatment provider and that this is to be documented in the record.